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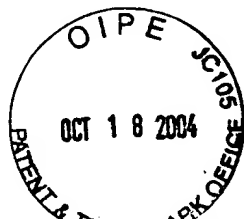
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7590

09/08/2004

WIGGIN & DANA, LLP
 DOCKET COORDINATOR
 ONE CENTURY TOWER
 P.O. BOX 1832
 NEW HAVEN, CT 06508-1832



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TODD E. GARABEDIAN	(Depositor's name)
Todd E. Garabedian	(Signature)
15 OCT 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/830,080

09/24/2001

Mathias Uhlen

2039.000

9697

TITLE OF INVENTION: METHOD OF AFFINITY SEPARATION AND LIGANDS FOR USE THEREIN

10/13/2004

BABRAH2 00000111 231665

09830080

01 FC:1501
02 FC:80011370.00 DA
15.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES
NO8665
\$1370

\$0

8665
\$1370

12/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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EPPERSON, JON D

1639

530-413000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Todd E. Garabedian, Ph.D.

2 Wiggin and Dana LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Affibody AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bromma, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1665 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Todd E. Garabedian

Date

15 OCT 2004

Typed or printed name

Todd E. Garabedian, Ph.D.

Registration No.

39,197

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